Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING_ IL6003248 09/12/2018

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

1001 A JEFFERSON STREET

ELDORADO REHAB & HEALTHCARE 1001 A JEFFERSON STREET ELDORADO, IL 62930							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE			
S 000	Initial Comments	S 000					
	Complaint #1855974/IL105714						
S9999	Final Observations	S9999					
	Statement of Licensure Violation:						
	300.610a) 300.1010h) 300.1210b) 300.1210d)2) 300.1210d)3) 300.3240a)						
	Section 300.610 Resident Care Policies						
	a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.						
	Section 300.1010 Medical Care Policies		Attachment A				
	h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or		Statement of Licensure Violation	S			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE 10/01/18

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6003248 09/12/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1001 A JEFFERSON STREET ELDORADO REHAB & HEALTHCARE** ELDORADO, IL 62930 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID. (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. (B) Section 300.1210 General Requirements for **Nursing and Personal Care** b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: All treatments and procedures shall be administered as ordered by the physician. Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

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PRINTED: 10/30/2018 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B, WING IL6003248 09/12/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE: ZIP CODE **1001 A JEFFERSON STREET ELDORADO REHAB & HEALTHCARE** ELDORADO, IL 62930 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 2 \$9999 These Requirements are not met as evidenced Based on observation, interview, and record review the facility failed to obtain physician's orders to treat a laceration injury to the right leg for 1 of 3 residents (R2) reviewed for improper nursing care in the sample of 3. This failure resulted in R2 being transported to the emergency room, and subsequently being admitted to the hospital for intravenous antibiotic treatment for 7 days with an admission diagnosis of right leg cellulitis. Findings Include: R2's quarterly Minimum Data Sets (MDS) dated 08/06/18 documents R2 was admitted to the facility 05/07/18 and has a BIMS (Brief Interview for Mental Status) score of 05 (Severe Impairment). R2's diagnoses include in part: history of falls, muscle weakness, edema, urinary tract infections, and circulatory disease. R2's MDS dated 08/06/18 continues to document R2 requires extensive assistance with transfer. dressing, toilet use, personal hygiene, and utilizes a wheel chair propelled by staff or family for locomotion on/off unit. R2's baseline care plan dated 05/07/18 documents weekly skin assessments to be completed, and that R2 requires assist of 2+ staff for bed mobility, transfer, and toileting,

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locomotion, grooming/hygiene, and bathing.

A nursing note dated 08/12/18 at 11:46 PM signed by V16, Licensed Practical Nurse (LPN) documents in part, "staff was assisting R2 when R2 took legs off foot pedals and outer right leg

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C B. WING IL6003248 09/12/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1001 A JEFFERSON STREET **ELDORADO REHAB & HEALTHCARE** ELDORADO, IL 62930 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DÉFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 just below knee cap, bumped leg causing bruise and 12 centimeter cm skin tear. Edema area cleansed then steri-stripped and dry dressing applied. NO (new order) rec (received) cleanse skin tear to right outer leg just below knee cap Q (every) shift apply dry dressing till healed d/t (due to) edema. NO (new order) monitor q (every) shift till healed. DR (doctor) notified will notify family in AM." R2's August Physician Order sheet does not document an order for treatment of a laceration to R2's right leg on 8/12/18. R2's Treatment Administration Records (TAR) dated August 2018 and September 2018 have no documentation to show treatment for R2's right leg laceration injury that occurred on 08/12/18. R2's most recent care plan (undated) does not include a focus problem, goal, or intervention related to R2's right leg laceration injury of 08/12/18. A nursing note dated 08/13/18 at 11:54 AM signed by V12, Licensed Practical Nurse (LPN) documents dressing change to right lower leg skin tear with clear drainage noted. A nursing note dated 08/19/18 at 6:29 PM signed by V17, LPN documents in part, "Resident right leg redness with edema and tenderness from right knee down to ankle. States it hurts. Has been having chills off and on all day. When attempting to move RLE (right lower extremity) R2 cries out in pain. R2's family member at this time called another family member who requested for resident to be sent to ER for eval

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED					
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
ELDORADO REHAB & HEALTHCARE 1001 A JEFFERSON STREET ELDORADO, IL 62930											
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S9999	Continued From pa	ge 4	\$9999								
	the emergency roomacuity level was assisted Summary of History Course document from the emergency room wileg pain and redness she (R2) suffered a week ago at the nutre erythema, swelling, leg laceration dress infected.	ocument R2 was transferred to m on 08/19/18 where her sessed at a level 3 - emergent. It is and Physical and Hospital R2 presented to the with complaint of bilateral lower is. Patient and family stated is cut to her right lower leg a right home. Right leg and tenderness. Right lower sed with sterile strips - appears									
	treated in the emer intravenous piggy by 50 milliliters (ML) no used to treat bacter intravenous push (I pain. Assessment document intravenous Meropenem 1 GM of 1 GM x 1, Morphine every 8 hours as not wet to dry dressing continuous cardiace. A complete blood of shows a white blood hospital discharge diagnosis of Right I subsequently admit 08/20/18, where int was continued. R2 08/27/18, at which long-term care facility follow-up with he days, and establish.	gency room with an ack (IVPB) of Meropenem in ormal saline 1 gram (GM) rial infections, and an VP) of Morphine 1 GM for and Plan dated 08/19/18 cus antibiotic treatment of every 8 hours and Vancomycine Sulfate 2 milligram (MG) eeded for pain, application of soft for her right leg injury, and monitoring for atrial fibrillation. ount (CBC) dated 08/19/18 documents a deg cellulitis. R2 was atted to the hospital on ravenous antibiotic treatment remained in the hospital until time she returned to the lity with discharge instructions or primary care physician in 3-5 with a wound care clinic.									

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unna boots. There was no documentation on either visit to note that V14 was aware of R2's right leg laceration or hospital discharge orders to

The facility was unable to provide documentation a follow-up appointment for R2 was scheduled with her primary care physician. The facility was

follow-up with a wound clinic.

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print the order so the doctor can sign it when they are in the facility. They stated there are no standing orders for applying steri-strips to skin tears or any other type of wound. V12 and V17 stated they could not produce any documentation for a telephone order, Physician's Order Sheet, or Treatment Administration Record documenting R2's right leg laceration. V17 stated she worked

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